


Seattle TGA HIV Planning Council

Monday, December 14, 2015 4:00 p.m.–6:30 p.m.
2100 Building: 2100 24th Avenue South

AGENDA

Overall note: ensure consumer input throughout the meeting on each topic

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| I. | Welcome, Introductions and Announcements | 4:00 |
| II. | Agenda: | 4:02 |
| | ➤ Action: Review and approve | |
| III. | Minutes: | 4:03 |
| | ➤ Action: Review and approve | |
| |  Attachment minutes | |
| IV. | Meeting Rules Reminder and Public Comment (Pat) | 4:04 |
| V. | Grantee Report (Kate) | 4:05 |
| VI. | End AIDS Washington (Claudia Catastini - HPSG & Tacoma Pierce Co. Health Dept.) | 4:20 |
| | • Review of the revised End AIDS Washington and opportunity to give feedback | |
| | Recommendations: http://www.doh.wa.gov/Portals/1/Documents/5210/endAIDS-recs.pdf | |
| | Appendices: http://www.doh.wa.gov/Portals/1/Documents/5210/endAIDS-apps.pdf | |
| VII. | Break | 5:15 |
| VIII. | Brief Overview of Data Available (Susan Buskin from Public Health) | 5:30 |
| | • Susan will give a brief overview of the different kinds of data available for planning, and what each brings | |
| IX. | Brief Overview of Rules and Processes for PSRA (Jesse) | 6:15 |
| X. | Adjourn | 6:30 |

Barrier-free location
Reasonable accommodation for persons with disabilities
available upon advance request.
Questions? Call: 206-263-2030



Minutes ☿ December 14, 2015

4:00pm - 6:30pm

2100 Building – 2100 24th Ave. S., Seattle 98144

Council Members Present: *Richard Aleshire, Michael Crowley, Dorian Davenport, Jason Jacobs, Janet Jones, Brian Knowles, Jennifer Magnani, Marcos Martinez, Pat Migliore, Steve Milkis, Johnny Ohta, Kevin Patz, Stephanie Pietras, Nicole Price, Germán Rodríguez*

Persons Nominated by the Council, but not appointed by the King County Executive Present:
Calen Moskowitz

Council Members Absent: *Matt Golden, Joachim Hawn (E), Jonas Nicotra, Kyon Saucier (E)*

Planning Council Staff Present: Jesse Chipps, Leah Holland (minutes)

Public Health Staff Present: Kate Briddell, Linda Coomas, Marcee Kerr

Visitors: Susan Buskin (Public Health Seattle-King County), Claudia Catastini (Tacoma-Pierce County Health Department), Lydia Guy-Ortiz (Washington State Department of Health), Genie Sheth (City of Seattle Housing Opportunities for Persons with AIDS), Dennis Torres (Gilead), Walter Zisette (Lifelong AIDS Alliance)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

The group did a round of introductions and announced their affiliations.

Jesse handed out the 2016 meeting schedule.

Jesse announced that Higinio is leaving the council due to illness. He's restricting visits to family and close friends. Please send positive thoughts his way. If people want to send him a card individually, his address is in Members' Council information. The group can also send something together.

<<Janet Jones entered at 4:07pm>>

Nicole announced that the Inspire Youth Project board determined that it's too difficult to merge Inspire Youth Project with Rise n' Shine. Rise n' Shine is a peer support program for kids who are HIV positive and their families. Their end service date hasn't been determined yet, but they are looking for a new home.

<<Walter Zisette entered at 4:08pm>>

Jesse asked that when Nicole gets more information, to send it to Leah, who will send the information out to the rest of the group.

☞ **ACTION ITEM:** *Nicole will send updated information about Rise n' Shine to Leah, who will send it to the Planning Council.*

II. Meeting Agenda

Kate requested to add an action item to the agenda regarding unobligated balance projection and carry over request estimated form.

☑ ***The agenda was approved as amended by acclamation.***

III. November Meeting Minutes

☑ ***The November minutes were approved as written by acclamation.***

IV. Meeting Rules Reminder and Public Comment

Pat announced the meeting rules. Attendees must announce any conflicts of interest. If anyone from the public has a comment, they have two minutes to speak during Public Comment.

V. Grantee Report

Kate reported the following items:

- The Ryan White Unobligated Balance Projections (UBP) report is due December 31. This should initially have been brought to the PSRA committee to make a decision. Kate apologized for not bringing to them at their last meeting, and asked that it be considered tonight. The UBP report tells HRSA how much the Council estimates will be underspent in 2015, that the Council wants these dollars carried over to 2016, and what the Council estimate the dollars will be used for. At the end of the grant year (February 29, 2016), the TGA must tell HRSA our actual unspent totals. The grantee is allowed to plan to spend only 95% of the formula dollars, and the grantee anticipates being underspent by 5%. Historically, the Council's underspent funds are received in December for the following year to spend by the end of February. Last year the Planning Council put the funds in dental. The grantee suggests that the Council do the same this year. Keep in mind, the money doesn't have to stay in dental, but a service category has to be listed in the report. With the Minority AIDS Initiative (MAI) money, Kate suggested carrying that over in Early Intervention Services (EIS). When the funds do become available, they need to be spent quickly, and therefore need to be allocated in areas where new staff would not need to be hired. Kate has the report to look at, and it needs to be signed by the co-chairs tonight.

<<Kevin and Stephanie entered at 4:14pm>>

Janet requested clarity around what's happening with the MAI money. Kate clarified that this is a projection and only a placeholder for the money. If the Council puts the carry over in EIS, it isn't obligated there. At the end of grant year (February 29th) the grantee does a final balance of actual carryover funds, and the PSRA committee will identify that service category(ies) it will be spent in.

MOTION: *Marcos made a motion to accept the grantee's carryover request form as presented and give permission to the co-chairs to sign it. Nicole seconded.*

<<Johnny entered at 4:15pm>>

☑ ***The motion passed with the following vote:***

- In favor – 15 – Jason, Brian, Pat, Mike, Germán, Richard, Marcos, Steve, Nicole, Jennifer, Stephanie, Janet, Dorian, Jason, Kevin

- Opposed – 0
- Abstaining – 1 – Johnny

- Update on the 2016 application: The federal review panel meets tomorrow for the next two days to score applications.
- 2016 funding: The federal government hasn't passed a 2016 budget. They're running on a continuing resolution until Wednesday. Steven Young, Director of the Division of Metropolitan HIV/AIDS Programs, announced he will issue awards in two parts. Eighty percent of the award will be received before the Ryan White grant year starts. After a final budget is passed, the feds will distribute the remaining 20%.
- The HOPWA and Ryan White Part A program are submitting a proposal for data integration tomorrow.

VI. End AIDS Washington

 See attached presentation

Claudia Catastini from Tacoma-Pierce County Health Department, and Director Elect of the Office of Infectious Disease at DOH, presented a high-level view of the End AIDS Washington plan. Claudia requests attendees provide feedback about the report, and share the report with others. Feedback about the plan will make it better. A final version of the plan (with feedback incorporated) should go to Governor Inslee in March. Feedback can be about the entire plan, but DOH also wants to know what the top three priorities should be. Claudia also mentioned the following:

- Stigma and disparities are listed as one and two on slide 13 to highlight their importance (the list itself is not in any particular order, except these two items).
- Whole Person Healthcare (slide 14) refers to making sure all parts of PLWH's lives are considered in health care, specifically the importance of addressing drug addiction and mental health needs of patients.
- Community engagement is focusing on leadership and having the community lead more with the recommendations.
- The action steps and recommendations are not supposed to replace the work that is already happening, but it is meant to be added to all the work already being done with HIV.
- There are two goals without reduction rates listed, quality of life and disparities. DOH's epidemiology team is still sorting through data in these two areas, but recommendations of measures are welcomed.

Questions:

- Johnny asked if any of these recommendations or actions steps have funding attached. Claudia clarified that there is not money to fund this plan, but a lot of the work will be relationship building with new partners.
- Marcos wanted to know if this work is supposed to be added to the new contracts that begin in 2016. Claudia said that this work is supposed to be above and beyond what is already being done around the state. The funded work is one piece of the effort, the purpose of End AIDS Washington is to go beyond what we're doing now.
- Claudia suggested PC members send in comments about the plan not having any funding, if that is something that they are concerned about.
- Kate wondered if HPSG considered adding "gender minorities" to the Healthcare System recommendations, since "sexual minorities" doesn't necessarily address the needs of transgender individuals. Claudia suggested sending in a comment about that language.

- Pat asked about efforts towards decriminalization. Claudia said it was an action step. For more detailed information, Lauren Fanning is a good person to talk to. There is currently a hold on it in the legislature. People are trying to be tactical. This highlights it, having it as an action step shines a light on the importance of decriminalization.
- Stephanie asked about the required comprehensive sex education in schools. She has heard from a lot of parents and youth that their curriculums do not address HIV at all. Stephanie wanted to know if there is a state mandate for all public schools regarding sex education and who monitors those requirements. Claudia noted that the Office of the Superintendent of Public Instruction (OSPI) is excited because they'll be pushing forward with standards that are much better than what they've had up to this point. The recommendation in End AIDS Washington plan is a step further than the standards OSPI is currently working on and could be used to motivate OSPI's work. The OSPI website has more information about submitting public comment on the sex education recommendation.
- Nicole commented that Jodie Howerton from Redefine Positive is helping OSPI to create videos for various grades.
- Kevin asked about what happens once the finalized plan goes to Governor Inslee. Claudia said that some recommendations are specific for the Governor and legislature. When the Governor gives his ok, the plan goes to John Wiesman, Washington State Secretary of Health, to make sure it is implemented; he will send it to Claudia as the new Director of Infectious Disease, to make implementation happen.
- Claudia added that the work being done for HIV now is excellent, that's why Washington is even able to even talk about ending AIDS. The recommendations in the plan about engagement, leadership, stigma, and disparities are important and exciting. The plan is looking to new partners and inspiring different people, like OSPI, to see why this work is so important.
- Marcos asked when the goals related to decreasing disparities will be added. Claudia said they hope to have the numbers in before the plan goes to Governor. Lydia said the data is collected and analyzed, Epidemiologist Jason Carr has proposed numbers, but they haven't gotten through DOH's approval process yet. There is a workgroup specifically looking at the disparity recommendation and they want absolute numbers, but the measures are relative, so there's a mix and match. It's happening, but they need to make sure the numbers make sense next to each other.
- Jesse asked if there is a way to look at broader disparity issues, such as life expectancy. Claudia suggested Jesse send that in as a recommendation. The measures they are looking at are disparities related to access to health care and the Care Cascade. Lydia said the measures are looking at Care Cascades broken down by populations identified by the HIV health disparities workgroup.
- Kate asked about recommendation five, healthcare systems changing to meet the needs of sexual minorities. One of the action steps says a list of LGBT competent healthcare providers needs to be developed. She wants to know if there is a metric. Claudia said there was not yet one, but suggested Kate submit the comment to DOH, and give suggestions about what should be included in the metric.
- Pat mentioned that quality of care for elders doesn't get to quality of life and may not be measurable by just looking at the Care Cascade. The Care Cascade is medically defined, and that doesn't always get to quality of life, especially for elders.
- Kevin mentioned that he is glad affordable housing is included in the plan. The current situation seems dire in Seattle and King County and that many people can't afford to live in the city anymore. He wants to know if this plan will create some kind of relationship with the City Council. Are the End AIDS Washington priorities going to be presented to the City Council and/or will DOH be doing any engagement with local governments? Claudia answered that in the housing part of the plan the group was not sure who the partners

should be or how to go about it. If anyone has thoughts about partnerships, the information would be appreciated.

- Claudia noted that there are more recommendations in Washington's plan than there are in other jurisdictions. She said she struggles with the philosophy that you just choose 1, 2, or 3 recommendations, and do them well in order to be successful. This is trying to address 10 different pieces that could be added to what we're doing already to move the needle. New York City and San Francisco are only focusing on two or three goals. Claudia asked for feedback about how many goals Washington should focus on. She wants the Council to give feedback about what members think are the three most important goals so it can move forward in the most effective way.
- Janet commented that this is a big project without funding and Washington wouldn't be in this situation if we were doing a great job. Any of this work without funding doesn't come off as sincere, especially around housing and partnerships with private donors. She noted the State needs to find someone who can build buildings for PLWH and look more to the private sector for our needs. She noted it is common to hear about how much money is in this city. This is a big goal without funding. Claudia appreciated the comment and wanted the comment to get to the steering committee so it can be taken to the HPSG.
- Jesse commented on the issue of not discharging people from hospitals to homelessness. She noted the Council has done a lot of work on this issue, but it's half measures. She said planners need to ensure they are making smart choices with the money they have and that they are not pulling money from one place, putting it in another, then not realigning, and coordinating in a way that makes sense. Claudia said there isn't anything about pulling money from one place and putting it in another. This work is on top of what's already being done. Kate added that it might be helpful for the steering committee to figure out how to lift that issue up higher. *Hospitals* should not be discharging people with AIDS-defining illnesses without a safe place to go. *Hospitals* could be creating respite programs. Cost savings could be put into transitional housing, or something along those lines, so that it is ratcheting it up to that level, so it's not just us trying to salvage things on the fly.
- Johnny said it all speaks to money. The stigma and reducing new infections parts are about prevention. It sounds like a total reinvigoration of public information, getting back to the time when people paid attention to AIDS. The stigma recommendation looks like it's targeted to certain communities. Reducing new infections sounds like it's ground level work like access to testing, information, healthcare, and basic information that is reinvigorating public awareness. It sounds like bus billboards. Marcos stated that there seems to be some consensus for the need around funding to go along with this. The Governor needs to understand this, to seriously expect the level of impact that the State expects to see out of such an ambitious initiative, there has to be some investment. Especially if it's above and beyond the work already being done.
- Janet added that maybe one of the goals should be creating private funding instead of relying solely on government and grant funding.

MOTION: Marcos made a motion to have the Planning Council express that the Governor should attach funding in order to make the End AIDS Washington initiative successful. Dorian seconded.

☑ The motion passed with the following vote:

- In favor – unanimous – Jason, Dorian, Janet, Stephanie, Jennifer, Nicole, Johnny, Steve, Marcos, Richard, Kevin, Mike, Pat, Brian, Germán
- Opposed – 0
- Abstaining – 0

☞ **ACTION ITEM:** Leah is sending the comments from tonight's presentation to Claudia.

VII. Brief Overview of Data Available

📁 See attached presentation

Susan Buskin presented an overview of data available in the prioritization and planning process.

- Susan started framing the data collection done in Public Health by talking about the transmission cycle and interrupting the transmission cycle through prevention and suppression.
- Public Health collects surveillance data in order to gather information that would be useful for prioritizing funding, grant writing, reports, and program planning. Public Health HIV data collection in King County is a very dynamic, comprehensive system that stimulates change or progress.
- While discussing risk behavior and exposure data, Dorian asked about how PrEP might be changing risk behavior. Susan said that she's heard clinicians say they've never seen STI rates as high as they are now.
- Someone asked if data is collected about sex assigned at birth and current gender. Susan responded that they do, as much as they can, but it's not always accurate because of the timing of when PLWH are asked. If a PLWH is not public about their gender identity, some providers don't document it. Public Health often gets their information from lab reports, which may not include complete information. Current surveillance data reports 42 living transgender PLWH in King County. There might be as many as 60, so it is not as accurate as it could be, but it's not a vast undercount.
- Jesse asked if Jason Carr with DOH is also collecting data about transgender PLWH. Lydia Guy-Ortiz responded that he is, but they're not firm numbers or ready to be public.
- Janet asked if King County accesses their information from the CDC, for example, late diagnosis. Susan said that all data is collected at the local and/or State level, then sent in aggregate to the CDC. King County is working with the national folks to help define what some of these measures mean. For example, does a delay getting into care mean 1 month or 3 months? The definitions in King County may end up being different from what the CDC uses.
- Core surveillance data comes from finding out about PLWH from current reporting that comes in passively from lab reports.
- Data is also inconsistently defined about late diagnosis, which can be characterized by patients presenting with an AIDS-defining condition or low CD4 results, at the same time as their HIV diagnosis or receiving an AIDS diagnosis within a year of being diagnosed HIV+.
- Richard asked about how or if deaths attributed to AIDS is accurate. What if a PLWH dies of a heart attack? Who determines if HIV contributed to the cause of death? Susan said it is up to the person filling out the death certificate. Sometimes that person knows the patient had HIV, sometimes they don't know.
- In King County, about 72% of PLWH in King County have achieved viral suppression. Public Health is proud of its local Care Cascade, specifically about how effectively data have been cleaned. As a small jurisdiction, King County has invested time and money in investigating people who appear to be out of care, or unsuppressed, but have actually left the jurisdiction, or are actually in care. By cleaning up the denominators, King County can have a more accurate cascade.
- Partner Services and Care Linkage Activities works to connect newly diagnosed PLWH with needed services. The epidemiology team does interviews with newly diagnosed PLWH, which is a good part of the success in data collection.

- National HIV Behavioral Surveillance (NHBS) System surveys MSM, injection drug users (IDUs) and Heterosexuals at risk for HIV, but do not exclude individuals who are HIV+—one population each year on a three-year rotating cycle. The study uses snowball sampling to increase the number of IDUs given the questionnaire. The researchers will interview a few “seeds” of IDUs and ask them to refer peers. After enough cycles, there should be a representative sample of local IDUs. When surveying MSM they use a venue-based sample by approaching people at bars/clubs, Pride, bathhouses, etc.
- The Molecular HIV Surveillance program is drug resistant surveillance. The team monitored clusters of PLWH with drug-resistant HIV. Initially, some types of drug-resistant HIV looked untreatable, but the individuals are doing better than expected, due to the new treatments that were available.
- The Medical Monitoring Project (MMP) is a surveillance project designed to produce nationally representative data on PLWH who are receiving care in the United States. MMP aims to gain a deeper understanding of health-related experiences and needs of PLWH who are receiving HIV care in the U.S. The goals of the project are to:
 - provide a wide array of locally and nationally representative estimates of behaviors and clinical outcomes of persons in care for HIV;
 - describe health-related behaviors;
 - determine accessibility and use of core and support services;
 - increase knowledge of the care and treatment provided; and
 - examine variations of factors by geographic area and patient characteristics.
- PRIDE surveys are collected at annual gay pride events and other similar venues. This is a similar cohort as NHBS (mostly at risk, some with HIV). Five hundred surveys were collected this year from MSM, transgender folks, with an intentional outreach to African American and Latino MSM. Surveys were also distributed at Tacoma Pride. The Council knows about the extent to which MSM know about and use PrEP from Pride surveys.
- The Locating Out Of Care (LOOK) project is a statewide project looking at PLWH who appear to be not in care.
- The HIV Care and Antiretroviral Promotion Program (CAPP) is a public health program designed to increase engagement in HIV care and antiretroviral use among PLWH who are actually not in care. The program seeks to enroll two populations:
 - 1) PLWH who have not had any CD4 or HIV RNA results reported to public health for over 12 months; and
 - 2) PLWH for more than 6 months with CD4 counts <500 cells/mm³ and HIV RNA >500 copies/mL, suggesting that they are not on antiretroviral therapy.
- Provider surveys are used to gather data on how many patients are on PrEP, both cumulative and recently prescribed. This survey also lets us know that many of these providers are retiring soon, and reaches new physicians coming up.

Susan wanted to know what seems to be missing. Marcos commended that the slide with the Care Cascade makes him uncomfortable because it is aggregate data, and going back to the topic of disparities, when looking at subpopulations of PLWH, it's not as rosy. Jesse said she will ask if Amy can bring stats on how the Care Cascade looks for populations of color. Marcos also wondered about the Care Cascade for the very young, women, elders, and by geographic location. Brian wondered where people who go in and out of viral suppression fall in the care cascade. Is there data that looks at the percentage of people over the course of time who have bumped in and out of viral suppression? Susan said that they used the most recent 2014 data.

Steve wondered why, with tests being sensitive enough to count viral load down to 20 copies/ml, why 200 is still being used. Susan said it's just an old number and the threshold could be lowered, but, among researchers, it's not as important for a macro look at HIV. There has to be a cut off

somewhere. Totally undetected vs. less than 200, most people who are less than 200 also are usually considered “undetectable.”

Dennis sees a need to, instead of focusing on the 70% who are virally suppressed, focus on the 30% not suppressed. What are the assumptions King County and DOH can make about those people? The epidemiology department has a good idea of who those 30% might be. Disseminating that information, with the caveat that these are assumptions, would be helpful. There are about 7% of MSM who are HIV positive and don't know it. Who are they, where do they live, what do we know about them? Maybe the next time the Cascade is presented, show a side-by-side comparison of what we know about the ones who aren't suppressed. There also needs to be consistency about the definitions of viral suppression. Maybe people define “out of care” differently. Is it the last six months, the last 12 months? With viral suppression, some people say below 50, others say 20 or below 200. For consistency, it'd be good to see what could be done so the definitions are more comparable.

<<Mike left at 6:20pm>>

VIII. Brief Overview of Rules and Processes for PSRA

 See attached presentation

Jesse presented on the rules and processes for Priority Setting and Resource Allocation (PSRA). Everyone on the Council has an opportunity to participate in creating a roadmap for 2017/2018 funding prioritization and allocation. This is a key Council work project. Joining the PSRA committee takes a time commitment. Anyone interested in joining needs to start coming to PSRA meetings now in order to attend the upcoming data presentations. Kate already presented on the Oral Health and Food/Meals programs at the last meeting, and today's presentation by Susan is required to see. The data informs the entire process. The PC staff are working to record the presentations for anyone who misses a meeting.

The committee is planning for about 20 hours of meetings from the end of April through June. If less time is needed, the extra meetings will be cancelled. The PSRA Committee meets on Thursday nights.

To be eligible, participants have to be on the Planning Council, attend meetings in person (or listen to recordings and read the materials if a meeting is missed), and follow the rules (slides 6-8). If you can't commit to being at all of the meetings, you can still come as a non-voting attendee. The meetings are open to the public and you can speak at the beginning of the meeting during the Public Comment section. This is a great opportunity to get a sense of how the Committee makes decisions.

IX. Adjournment and Next Meeting

The meeting adjourned at 6:25pm.

NEXT MEETING: Monday, January 11, 2016, 4:00-6:30pm at the **2100 Building – 2100 24th Avenue S., Seattle 98144**